

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 557  
Registered No. 557

## 1. PLACE OF BIRTH

County \_\_\_\_\_ State \_\_\_\_\_  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Guillermo Nunez { If child is not yet named, make supplemental report, as directed.

3. Sex of Child M. To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. Legitimate? Yes 6. Date of birth 9/17/30  
Month Day Year

8. FATHER Full name Juan T. Nunez 14. MOTHER Full maiden name Francisca Felix

9. Residence (Usual place of abode) Miami 15. Residence (Usual place of abode) Miami  
If non-resident, give place and state.

10. Color or race Mex 16. Color or race Mex  
11. Age at last birthday 35 (Years) 17. Age at last birthday 38 (Years)

12. Birthplace (city or place) Mexico 18. Birthplace (city or place) Mexico  
(State or country) (State or country)

13. Occupation Nature of Industry Miner 19. Occupation Nature of Industry N.A.

20. Number of children of this mother 4 (a) Born alive and now living 3  
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead 1  
(c) Stillborn Yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 3:00 P.M. on the date above stated.  
(Born alive or stillborn.)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature [Signature]

Given name added from a supplemental report \_\_\_\_\_ Address Miami Ave  
Month, day, year \_\_\_\_\_ (Physician or midwife)

Filed Oct-8-30 1930 C. E. Irwin  
Registrar

759-917-662